

Pharmacists Association; National Consortium of Phys. Ed. And Recreation For Individuals with Disabilities; National Council for Community Behavioral Healthcare; National Depressive and Manic-Depressive Association; National Down Syndrome Society; National Foundation for Ectodermal Dysplasias; National Hemophilia Foundation; National Mental Health Association; National Multiple Sclerosis Society; National Organization of Physicians Who Care; National Organization of Social Security Claimants' Representatives; National Organization on Disability; National Parent Network on Disabilities; National Partnership for Women & Families; National Patient Advocate Foundation; National Psoriasis Foundation; National Rehabilitation Association; National Rehabilitation Hospital; National Therapeutic Recreation Society; NETWORK: National Catholic Social Justice Lobby; NISH; North American Society of Pacing and Electrophysiology; Opticians Association of America; Oregon Dermatology Society; Orthopaedic Trauma Association; Outpatient Ophthalmic Surgery Society; Pain Care Coalition; Paralysis Society of America; Paralyzed Veterans of America; Patient Advocates for Skin Disease Research; Patients Who Care; Pediatric Orthopaedic Society of North America; Pediatrix Medical Group; Neonatology and Pediatrics Intensive Care Specialist; Physicians for Reproductive Choice and Health; Physicians Who Care; Pituitary Tumor Network; Public Citizen\* (Liability Provisions Only); Rehabilitation Engineering and Assistive Technology Society of N. America; Renal Physicians Association; Resolve; The National Infertility Clinic; Scoliosis Research Society; Self Help for Hard of Hearing People, Inc.; Service Employees International Union; Sjogren's Syndrome Foundation Inc.; Society for Excellence in Eyecare; Society for Vascular Surgery; Society of Cardiovascular & Interventional Radiology; Society of Critical Care Medicine; Society of Gynecologic Oncologists; Society of Nuclear Medicine; Society of Thoracic Surgeons; Spina Bifida Association of America; The Alexandria Graham Bell Association for The Deaf, Inc.; The American Society of Dermatopathology; The Arc of the United States; The Council on Quality and Leadership in Support for People with Disabilities (The Council); The Endocrine Society; The Paget Foundation for Paget's Disease of Bone and Related Disorders; The Society for Cardiac Angiography and Interventions; The TMJ Associations, Ltd.; Title II Community AIDS National Network; United Auto Workers; United Cerebral Palsy Association; United Church of Christ; United Ostomy Association; Very Special Arts; World Institute on Disability.

Mr. Speaker, 275 endorsing organizations, nearly all the patient advocacy groups in the country: American Cancer Society, National MS Society. I could go down the list. Nearly all the consumer groups in the country, Consumers Union. You look through the whole list of this; nearly all the provider groups, the physicians, the nurses, the physical therapists, the podiatrists, the opticians. And you know what? This is a patient protection bill.

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There is nothing in this bill that provides an advantage for a provider, other than being able to be an advocate for your patient.

This is about letting people solve problems with their HMOs in a timely fashion, through a due process, that

gives them a chance to reverse an arbitrary decision of medical necessity by their plan. We should not hesitate about having HMOs be responsible for their decisions.

Surveys show that there is a significant public concern about the quality of HMO care. Despite millions of dollars of advertising by HMOs over the last 8 years, a recent Kaiser survey showed no change in public opinion. Seventy-seven percent favor access to specialists; 83 percent favor independent review; 76 percent favor emergency coverage; and more than 70 percent favor the right to sue an HMO for medical negligence; and 85 percent of the public thinks that Congress should fix these HMO problems.

Mr. Speaker, in a few weeks we are going to get a chance, I hope in a fair way, to debate managed care reform, patient protection legislation. It is none too soon. While we have been dillydallying around for a couple of years now, patients have been injured because of arbitrary decisions by HMOs; and some of them have lost their lives. We need to address this issue soon, and we can do it in a bipartisan fashion. And I would encourage Members on both sides of the aisle to fight off the poison pill amendments that we are going to see under the rule, fight off the substitutes, some of which will be like the ones from the Senate which are really HMO protection bills, and join with us, 275 endorsing groups, millions and millions of people out in the country who are calling on Congress to pass H.R. 2723, the bipartisan consensus managed care reform bill.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1875, INTERSTATE CLASS ACTION JURISDICTION ACT OF 1999

Mr. HASTINGS of Washington (during the special order of Mr. GANSKE), from the Committee on Rules, submitted a privileged report (Rept. No. 106-326) on the resolution (H. Res. 295) providing for consideration of the bill (H.R. 1875) to amend title 28, United States Code, to allow the application of the principles of Federal diversity jurisdiction to interstate class actions, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1487, NATIONAL MONUMENT NEPA COMPLIANCE ACT

Mr. HASTINGS of Washington (during the special order of Mr. GANSKE), from the Committee on Rules, submitted a privileged report (Rept. No. 106-327) on the resolution (H. Res. 296) providing for consideration of the bill (H.R. 1487) to provide for public participation in the declaration of national monuments under the Act popularly known as the Antiquities Act of 1906, which was referred to the House Calendar and ordered to be printed.

#### PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I must say that I am so pleased to be following the special order of my colleague, the gentleman from Iowa (Mr. GANSKE), because he addressed the same issue that I would like to address this evening and that is the need for HMO reform and the need to bring legislation to the floor of this House which we refer to as the Patients' Bill of Rights because it provides protection for Americans who are patients who happen to be members of HMOs or managed care organizations; and those protections are needed right now.

They were needed a long time ago, but it is really time that the Republican leadership of the House of Representatives allow this bill to come to the floor to be debated, and I believe it will pass overwhelmingly.

I must say, I have been on this floor many times over the last year, or even beyond, asking that the Republican leadership allow the opportunity for the Patients' Bill of Rights to come to the floor, and we were told last Friday for the first time that the Speaker has set the week of October 4, approximately 2 weeks from now, for that opportunity.

Although I have to say that I am suspicious of the way that this will be brought to the floor and the procedure and the rules that will be followed; and I know that my colleague, the gentleman from Iowa (Mr. GANSKE), mentioned that as well. I must say that I am pleased that we will be debating HMO reform and that one of the bills that we have been promised by the Speaker that will be brought to the floor is the Patients' Bill of Rights.

I really need to emphasize this evening, as I have so many other times on the floor and this well, that there are differences between the various managed care reform proposals that have been proposed here and that even though it is true that the Republican leadership now says that they will allow debate on the Patients' Bill of Rights, they have also made it quite clear that they are going to favor bills other than the Patients' Bill of Rights and that there may and certainly will be an effort to pass alternative legislation to the Patients' Bill of Rights.

I need to urge my colleagues not to fall into the trap of thinking that anything other than the new bipartisan Patients' Bill of Rights is acceptable, not only to us but to the American people.

I wanted to point out that it has been very interesting. Really, just last Wednesday, I guess, September 13, in the New York Times, there was an article that talked about how the GOP leadership was very cool on our patients' rights plan and how they were